

Service categories, definitions, standard of care, eligibility criteria and other factors to be considered in funding awards Riverside/San Bernardino, CA EMA, FY 2002 (Planning Council Approved SEPT 27, 2001)

Service Category ¹

How Best to Meet Each Priority and Additional Factors for the Grantee to Consider in Awarding Funds ²

**1. Ambulatory
Outpatient Medical
Care**

Definition: The provision of HIV-related professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, registered dietitian or other appropriately licensed professional.

Service Components: Diagnostic testing; early intervention and risk assessment; preventative care and screening; practitioner examination; medical history taking; appropriate laboratory and diagnostic testing for diagnosis and treatment of common physical and mental conditions; prescribing, transmitting and managing medication therapy; care of minor injuries; education and counseling on health and nutritional issues; minor surgery and assisting at surgery; well-baby care; continuing care and management of chronic conditions; and referral to and provision of specialty care.

Purpose: To maintain or improve health status and length of life of persons living with HIV/AIDS in the EMA.

Standard of Care: The EMA minimum standard of care for the Treatment of HIV Infection are the Public Health Service/National Institute of Health (NIH) guidelines and locally developed standards of care. Such care must include access to antiretrovirals and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

Eligibility: Any HIV+ person with an income of less than 300% of poverty*. Any person within the income range pf 300 to 500% of poverty may receive services with appropriate co-pay.

A prerequisite for the provision of ambulatory outpatient medical care is that a data collection system using common core data elements as may be required by the EMA must be fully implemented.

Units of Service: One visit with primary care physician or other professional as listed in the definition; (One Nutritional consultation (a minimum of 15 minutes)). A visit for blood draw or to pick up medications is not a visit.

Reportable Outputs:

1. Nurse intake
2. Initial Medical Evaluation
3. Medical Visit
4. Nutritional counseling session
5. Rx dispensed at or through a clinic
6. CD4 Tests
7. Hepatitis B tests
8. Hepatitis C tests
9. Tuberculosis tests
10. Syphilis tests
11. Anoscopy procedures
12. Abnormal anoscopy findings

2. Early Intervention Services

Definition: Counseling, testing and referral services to PLWH who know their status but are not in Primary Medical Care or who are recently diagnosed and are not in Primary Medical Care, for the purpose of facilitating access to HIV-related health care.

Purpose: To decrease the number of underserved individuals with HIV/AIDS and increase access to care to HIV + persons.

Activities: Testing for HIV status; provision of information on living with HIV a managing therapeutic regimens; counseling on modification of risky behaviors; referral to medical, case management and support services.

Funding: This service category has not been allocated funding for your 2002.

3. Outreach (CBC) / Minority AIDS Initiative

Definition: Programs which have as their principal purpose identifying people of color with HIV disease, to ensure that they are aware of the services available to them and to take the steps necessary to assist in their enrollment and continued participation in care and treatment services offered in this EMA. Outreach programs must be planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort, be targeted to people of color populations known through local epidemiologic data to be at disproportionate risk for HIV infection, be conducted at times and in places where there is a high probability that HIV-infected individuals will be reached, and be designed with quantified program reporting that may be required to accommodate federal and local effectiveness evaluation.

Units of Service: Outreach encounters

Reportable Outputs:

1. Total number encounters
2. Unduplicated encounters with PLWH
3. Unduplicated persons encountered
4. HIV antibody tests performed
5. HIV tests performed for homeless persons
6. Homeless persons with positive test results
7. Homeless persons entered into the CBC Program
8. Number of homeless persons situated in acceptable housing since entering the Program
9. Unduplicated persons with HIV+ tests
10. HIV+ test results with AIDS diagnosis
11. HIV+, Unduplicated HIV+ encounters who knew their status but were not in care, HIV+ persons entered into the Program and diagnosed with mental illness
12. HIV+ persons with mental illness that have been enrolled for entry or re-entry for medical care
13. HIV+ injection drug (IDU) users encountered

Provider **agencies must qualify as Minority Agencies** under the Centers for Disease Control definition and must use staff from the same communities that are trained and demonstrate cultural competence.

Preference should be given to agencies of color that are based within geographic communities of color in the EMA.

MOU's must be developed with referral agencies and submitted with grant applications

For the **purposes of coordination**, applicant agencies are encouraged to apply for funding to provide services in all three priorities targeted to people of color and funded by the CBC set aside.

14. Number HIV+ IDU's enrolled in the Program and given referrals to treatment facilities
15. IDU's actually entered in a drug treatment program
16. HIV+ persons encountered and identified with chemical dependence issues
17. HIV+ persons with chemical dependency issues entered into counseling or treatment

4. HIV/AIDS Treatment Adherence

Definition: Provision of counseling or special programs to ensure readiness for and adherence to complex HIV/AIDS treatments. Assistance with medication scheduling, education regarding drugs prescribed by their HIV specialist and provision of needed tools to maintain protocols and education for their use.

Units of Service:

1. Face to face sessions (minimum 30 minutes);
2. One 4-hour treatment adherence course = 4 units.

Eligibility: Any HIV infected person is eligible for this service.

This service must be offered in a **clinic setting** in coordination with the physician's prescription and the instruction changes.

Providers **must make available to consumers tools** to help facilitate consumer success with their regimen. For example written schedules, pill differentiation tools, medication boxes, and timers.

Programs must provide a **follow-up component** with the consumers as needed to ensure continued adherence.

Reimbursement: Applicants will be expected to develop a fee schedule for the each of the sub-categories as listed. Reimbursement will be on a fee per unit provided basis.

5. Case management

Definition: A range of client-centered services that link clients and other family members with health care, psychosocial and other support services to insure timely, coordinated access to medically appropriate levels of health and support services, continuity of care, ongoing assessment of the client's and other family members' needs and personal support systems, and inpatient case management services that prevent unnecessary hospitalization or that expedite discharge, as medically appropriate, from inpatient facilities. Initial comprehensive and ongoing assessments of the client's and other family members' needs and personal support systems; development, with the consumer, an Individualized Service Plan; Case conferencing on behalf of a consumer; periodic re-evaluation and revision of the plan as necessary over the life of the consumer; and specific advocacy on behalf of the consumer and review of the need for and utilization of services. An individualized service plan should be appropriate to the level of need.

Units of Service:

1. Initial comprehensive assessment of the client's and other family members needs and personal support system;
2. Development with the consumer a comprehensive individualized service plan;
3. Case conferencing on behalf of a consumer;
4. Face to face encounters (minimum of 15 minutes);
5. Other encounters (less than 15 minutes or telephone or other) This does not include encounters in the hallway or authorization to receive food bag, etc.

Standard of Care: All case management services are to be delivered as determined by the standards for case management approved by the Planning Council. (Inland Empire HIV Planning Council. Case Management Standards, Riverside/San Bernardino, CA. August 27, 1998 and as revised August, 2001 or as they may be updated or amended.)

Service Coordination: Agencies that do not provide all levels of case management will be required to submit MOU's with agencies that provide missing service levels and submit these with their grant application.

Grant Applicants must state the levels of case management services they expect to provide.

Reimbursement: Applicants will be expected to develop a fee schedule for the each of the sub-categories as listed. Reimbursement will be on a fee per unit provided basis.

Required Reportable Outputs: Face to face and other encounters must be reported by Level of Case Management service. (I, Ie, II, III)

Eligibility: All HIV infected persons are eligible for Case Management services. Consumers whose income is in excess of 300% of Federal Poverty Guidelines will have co-pay requirements as prescribed in Care Act Legislation or HRSA policy.

6. Peer Advocacy

Definition: Assessment of individual need, provision of advice and assistance obtaining medical, social, legal, financial, and other needed services. Peer Advocacy services would be provided by trained Peer or Para-Professional personnel.

Limitation: Advocacy does not involve coordination and follow-up on medical treatments.

Eligibility: Any consumer is eligible for this service.

Unit of Service: One advocacy session-30 minute minimum. Longer sessions will be considered at one unit per hour.

Selected agencies will supply a full description of the **supervision**, and **limitations** of activities for peer personnel.

MOU's with other service providers will be developed to ensure the availability of a continuum of services and submitted with the Grant application.

Innovative programs designed to assist needy clients of color to secure and maintain their connection to service systems will be given preference.

Reimbursement: Applicants will be expected to develop a fee schedule for the each of the sub-categories as listed. Reimbursement will be on a fee per unit provided basis.

**7. Health Education
And Risk Reduction
(CBC)/Minority AIDS
Initiative**

Definition: Provision of information to persons of color with HIV disease including information about medical, psychosocial support services and counseling, case management, and other support services. Education about HIV disease, and risk reduction techniques are an integral part of this program.

Eligibility: All HIV infected persons of color are eligible for these services.

Unit of Service:

1. Health Education session—minimum 15 minutes;
2. One Health Education Class (minimum 60 minutes).

Provider **agencies must qualify as Minority Agencies** under the Centers for Disease Control definition and must use staff from the same communities that are trained and demonstrate cultural competence.

Preference will be given to:

1. Agencies that **demonstrate coordination** of this service with provision of case management and medical care services
2. **Minority agencies**, especially those that are based within geographic communities of color in the six health planning regions;
For the **purposes of coordination**, applicant agencies are encouraged to apply for funding to provide services in all three priorities targeted to people of color.

Providers will develop MOU's with medical, psychosocial and prevention providers who treat people of color and submit these with their grant application.

Reimbursement: Applicants will be expected to develop a fee schedule for the each of the sub-categories as listed. Reimbursement will be on a fee per unit provided basis.

8. Food Services

Definition: Provision of actual supplemental foodstuffs, meals, nutritional supplements, personal care items or vouchers for food to consumers. This service category also includes home delivered food and meals to homebound persons with AIDS.

Units of Service:

1. Food Bag or Box;
2. One home-delivered meal;
3. One case nutritional supplements;
4. One bag of personal care products;
5. One \$10 food voucher in conjunction with food bag or box.

Limitations: Vouchers must be limited to foodstuffs and personal care products only. Nutritional education and counseling are reimbursed under Outpatient Medical Care Service category. Home delivered meals shall be limited to PLWA who are homebound because of illness.

Standard of Care: Refer to Food Services Evaluation documents for standards adopted by the Planning Council.

Eligibility: Consumers with income of less than 150% of Federal Poverty Guidelines are eligible for food services.

Reportable Outputs:

1. A visit will be used to document the attendance of a consumer or his or her designated representative at the food bank.
2. Number of consumers referred to nutritional counselor.

Selected providers of food pantry and meal services must be **licensed and inspected** in accordance with local health regulations.

Agency must have a policy for **disposal of damaged**, outdated and package tampered goods.

Consumer eligibility policy must be in place and conspicuously posted in food pantry.

Copies of the three items above must be submitted with agency grant application.

Reimbursement: Applicants will be expected to develop a fee schedule for the each of the sub-categories as listed. Reimbursement will be on a fee per unit provided basis.

**9. Local Drug
Reimbursement
Program**

Definition: This is a local drug reimbursement program established to expand the number of prescription or over-the-counter medications available to low-income persons living with HIV and/or to broaden eligibility beyond that established by a state operated Title II or other state funded drug program. Medications include, but not limited to, those provided through an AIDS Drug Assistance Program (ADAP) to improve quality of life or prevent the deterioration of health.

Limitations: Medications that are dispensed or administered during the course of a regular medical visit can not be reimbursed from this service category.

Eligibility: Any person with HIV disease with an income level of less than 500% of poverty and with no other source of payment. A co-pay will be required for income levels between 300% and 500% of poverty.

Units of Service:

1. Provision of prescription medication-30 day supply or less;
2. Provision of an over-the-counter medication.

Reimbursement: Applicants will be expected to develop a fee schedule for dispensing one unit of service. Cost of medications will be billed separately.

10. Mental health Therapy and Counseling

Definition: Short term psychological and psychiatric treatment and counseling services, including individual, psychosocial support groups and group counseling, provided by a mental health professional licensed or certified by the state. This includes psychiatrists, psychologists, clinical nurse specialists, social workers, and other licensed or certified counselors. Sub-categories for counseling and treatment are listed below.

Limitations:

Standard of Care:

Eligibility: Consumers with an income level of less than 300% of poverty are eligible. Those with incomes between 200% and 300% will have a co-pay.

Units of Service:

1. Individual counseling conducted by licensed staff (minimum 30 minutes);
2. Individual counseling conducted by interns directly supervised;
by licensed staff (minimum 30 minutes);
3. Group Counseling conducted by licensed staff (minimum 60 minutes);
4. Group Counseling conducted by interns directly supervised by licensed staff (minimum 30 minutes);
5. Initial Individualized Treatment Plan generation;
6. Individual counseling or therapy conducted by a psychiatrist or other specified professional pursuant to the Individualized Treatment Plan for Mental Health. This does not include treatment for physical or medical conditions (minimum 15 minutes);
7. Referral processing to include assessment, financial eligibility, coordination and follow-up with selected providers.

Required Reportable Outputs: One group counseling session is defined as one unit. The term visits will be used to report the number of participants in a group session. Group sessions shall consist of a minimum of three persons.

Consideration will be given to applications addressing issues around work entry or re-entry, uncertainty of working lifestyles and the threat of losing disability status or medical care benefits.

Applicants must submit **MOU's** with providers of psychiatric care if not provided by the applicant agency as part of their application.

Reimbursement: Applicants will be expected to develop a fee schedule for each of the sub-categories as listed. Reimbursement will be on a fee per unit provided basis.

11. Peer Counseling (CBC)/Minority AIDS Initiative

Definition: Individual and/or group counseling, other than mental health counseling, provided to consumers of color, their families, and/or friends by trained peer or para-professional counselors. Provision of service can include but is not limited to: counseling/support group services, medical adherence advice, caregiver support/bereavement counseling, drop-in counseling, benefits counseling, and/or nutritional counseling, or education.

Units of Service:

1. Individual counseling provided by trained peers, para-professionals, or interns directly supervised by licensed staff (minimum 30 minutes);
2. Group counseling provided by peers, interns or para-professionals (minimum 60 minutes).

Purpose: These funds must be used to for the primary purpose of bringing people of color into the care system and maintaining their involvement in care.

Limitations: These services must be provided to people of color.

Eligibility: All consumers of color are eligible for this service.

Provider **agencies must qualify as Minority Agencies** under the Centers for Disease Control definition and must use staff from the same communities that are trained and demonstrate cultural competence.

Preference will be given to:

1. Innovative peer and para-professional based programs showing strong linkages with Outreach to HIV+ persons of color;
2. Minority agencies that are based within geographic communities of color in the EMA;
3. Applications that demonstrate strong community linkages that will enable them to link people of color who know their status and are not in care and bringing those back into care that might have dropped out of the care system.

For the purposes of **coordination**, applicant agencies should be encouraged to apply for funding to provide services in all three priorities targeted to people of color.

Reimbursement: Applicants will be expected to develop a fee schedule for the each unit of service.

**12. Oral Health/
Dental Care**

Definition: Prophylactic, diagnostic and therapeutic services where medically indicated and rendered by dentists, dental hygienists and similar professional practitioners.

Service Components: Comprehensive oral examination and treatment; radiographs; periodontal evaluation; diagnosis and the development of a treatment plan; prophylaxis (cleaning and polishing); restorative therapy (fillings); prosthetics (crowns, bridges, and dentures); endodontics (root canals); oral surgery (treatment of abscesses, biopsies, and extractions); the development of an oral hygiene plan; referral for treatment or procedures which exceed provider's scope of service; and related pharmacy.

Limitation: A \$1500 per year cap for services for each consumer. Services do not include cosmetic dentistry.

Standard of Care:

Eligibility: Consumers with an income of 500% of poverty or less are eligible for this service. Those with an income between 300 and 500% of poverty will be required a co-pay.

Unit of Service: Visit for professional services.

Reportable Outputs: Comprehensive Oral Examination, Development of Treatment Plan, Treatment visit, Development of Oral Hygiene Plan, Emergency care visits.

13. Housing Assistance

Definition: This assistance includes short-term emergency housing vouchers; assistance in locating suitable ongoing or transitional shelter. These services must be used to link consumers with medical and/or healthcare services or be certified as essential to the consumer's ability to gain or maintain access to HIV related medical care or treatment.

Purpose: To serve individuals who have fallen through the cracks in the service system and stabilize them to promote access to medical service.

Limitation: These funds can not be used for utility assistance.

Eligibility: Any consumer with an income level less than 150% of poverty. This service is limited to one occurrence per year.

Unit of Service:

1. One week of housing assistance;
2. One motel night.

Preference will be given to applicants who show plans to target:

1. Consumers in families with children;
2. People of color;
3. Homeless;
4. Individuals with multiple diagnoses;
5. Those who need assistance maintaining their connection to healthcare services.

**14. Substance
Abuse
Treatment
and Counseling**

Definition: Provision of treatment and/or counseling to address substance abuse (including alcohol, legal and illegal drugs) provided in an outpatient or residential health service setting. This includes the provision of detoxification in an outpatient, residential or health service setting for eligible individuals when consistent with federal policies and guidelines.

Eligibility: All HIV infected consumers with an income less than 300% of poverty are eligible for this service with a co-pay for any consumer with an income between 200% and 300% of poverty.

Units of Service:

1. Individual counseling conducted by licensed staff (minimum 30 minutes);
2. Individual counseling conducted by interns directly supervised by licensed staff (minimum 30 minutes);
3. Group Counseling conducted by licensed staff (minimum 60 minutes);
4. Group Counseling conducted by interns directly supervised by licensed staff (minimum 60 minutes);
5. Initial Individualized Treatment Plan generation;
6. Individual counseling or therapy conducted by a psychiatrist or other specified professional pursuant to the Individualized Treatment Plan for Mental Health. This does not include treatment for physical or medical conditions (minimum 15 minutes);
7. Referral processing to include assessment, financial eligibility, coordination and follow-up with selected providers.

Required Reportable Outputs: One group counseling session is defined as one unit. The term visits will be used to report the number of participants in a session. Group sessions shall consist of a minimum of three persons. The term visits will be used to report the number of persons served in one group session.

Reimbursement: Applicants will be expected to develop a fee schedule for each of the sub-categories as listed. Reimbursement will be on a fee per unit provided basis.

**15. Emergency
Financial
Assistance**

Definition: The provision of short-term payments for essential utilities (home gas, electric and water utilities). These short-term payments must be carefully monitored to assure limited amounts, limited use and for limited time periods of time.

Purpose: To keep consumers in a stable living environment enabling them to remain in the service care system.

Limitations: This service is limited to one occurrence per Ryan White Fiscal year.

Eligibility: Consumers with income less than 150% of poverty are eligible for this service.

Unit of Service: Payment of or assistance with payment of one monthly utility bill.

Providers will give priority to families with children and homeless when stabilization will enable the individual to remain in the continuum of care.

16. Transportation

Definition: Conveyance services may be provided on a routine or emergency basis to a consumer in order to access health care, psychosocial or support services.

Units of Service:

1. Bus pass (specify one way or one day);
2. Mileage reimbursement to volunteer drivers;
3. Maintenance and operation of agency vehicles for consumer transportation;
4. Van trip (one way);
5. Emergency taxi vouchers (one way);
6. Gas vouchers.

Purpose: To provide transportation for consumers who have no other means of transportation to their medical, psychosocial, and Ryan White support services.

Limitations: Funds are not available to individuals for automobile maintenance and repairs, tires, or ambulance service. Funds may not be used for transportation to destinations outside the EMA for services similar to those offered within the EMA. These funds may not be used for transportation to participate in clinical trials. Taxi vouchers will not be provided for travel outside the EMA and will be restricted to emergency use only.

Eligibility: Consumers with an income level of less than 150% of poverty are eligible for these services.

Provider agencies will give priority to individuals needing transportation to **medical appointments**, particularly to those who have grouped their appointments so one trip can accomplish multiple goals.

Providers of Gasoline vouchers must develop **reimbursement forms** for consumer use showing date, destination, mileage from consumer's database address.

Reimbursement: Applicants will be expected to develop a fee schedule or budget for the each of the sub-categories as listed. Reimbursement will be on a fee per unit provided basis.

17. Home Health Care

Definition: Therapeutic, nursing, supportive and/or compensatory health services provided by a licensed/certified home health care agency in a home/residential setting in accordance with a written, individualized service plan established by a case management team that includes appropriate health care professionals.

Component services may include:

- **Para-professional care:** homemaker, home health aid, and personal/attendant care. This includes non-medical, non-nursing assistance with cooking and cleaning activities and personal care services to assist consumers with AIDS to remain in their homes.
- **Professional care:** services provided by licensed health care workers, including routine and skilled nursing, and rehabilitation services. The California Nurse Practice Act determines Professional level services.
- **Specialized care:** intravenous and aerosolized medication treatments, diagnostic testing, parenteral feedings, and other highly technological services provided by licensed personnel.
- **Hospice care:** nursing care, physician services, and palliative therapeutics provided by a hospice program to clients in a residential setting.
- **Durable Medical Equipment.**
- **Day Treatment** or other partial hospitalization services.

Units of Service:

1. Four (4) hours para-professional care
2. Two (2) hours Professional care

Purpose: To enable consumers to remain in their own homes.

Limitations: This service does not include hospital services or care in a nursing home or other long-term care facility.

Eligibility: Any symptomatic HIV+ consumer who has an income level of less than 300% of poverty.

Reimbursement: Applicants will be expected to develop a fee schedule or budget for the each of the sub-categories as listed. Reimbursement will be on a fee per unit provided basis.

18. Legal Services

Definition: Legal services directly necessitated by a person's HIV status. Service may include but are not limited to: Preparation of Powers of Attorney, Do Not Resuscitate Orders, wills, trusts, bankruptcy proceedings, and interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the CARE Act. Also includes the preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption.

Units of Service:

1. Face to face or telephone encounter with an attorney;
2. Preparation of a legal document for a consumer by an attorney or a para-legal;
3. Face to face para-legal encounter with a consumer (minimum 30 minutes).

Limitations: Funeral, burial, cremation, or related expenses are prohibited. Assistance with criminal matters is excluded.

Eligibility: All consumers with an income less than 300% of poverty are eligible for this service. Consumers with incomes between 150 % and 300% of poverty will be required a co-pay.

Reimbursement: Applicants will be expected to develop a fee schedule or budget for the each of the sub-categories as listed. Reimbursement will be on a fee per unit provided basis.

19. Work Entry and Re-entry

Definition: Counseling and other assistance regarding education, training, retraining, or trial work periods (within federal guidelines if receiving disability benefits) to encourage those living with HIV to compete successfully for part time, temporary, or full time employment.

This service is not fundable under Title I at this time.

- 20. Day or Respite Care**
- Definition:** Home or community-based non-medical assistance designed to relieve the primary care giver responsible for providing day-to-day care of the client or client's child. Childcare includes payment to either a licensed facility for the care of children, or a licensed provider of childcare.
- Unit of Service:** One hour of care for one person.
- Limitation:** Direct cash payment to individuals to provide these services is prohibited
- Eligibility:** Consumers with an income of less than 150% of poverty are eligible for this service.
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- 21. Complementary Therapy Coordination**
- Definition:** Includes activities necessary for the procurement and coordination of gratis complementary therapies known to reduce stress, pain, and enhance symptom management: (ie: acupuncture, chiropractic, massage therapy, Chinese medicine, herbology and homeopathy. Where applicable only certified or licensed practitioners would be eligible providers.
- Purpose:** To enable providers to procure gratis services for consumers and coordinate those services with vendors and consumers.
- Eligibility:** This service does not reimburse for complementary therapies. Only coordination of these services.
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- 22. Referral/Hot line**
- Definition:** 24 hour telephonic information and referral services targeted to persons living with HIV. A 24-hour service is required.

23. Planning Council Support

Definition: Provision of support for the Planning Council and the activities required by the Care Act Legislation and HRSA Policies.

Components Include but not limited to: a) staff support (clerical and professional expenses required by the Planning Council for performance of required activities, including routine administrative activities); b) costs incurred by PLWH Planning Council members as a result of their participation on the council and in the conduct of their required planning council activities, in accordance with chapter 7, pp. 7-6 to 7-7, Generally Allowable/Unallowable Costs of the Public Health Service (PHS) Grants Policy Statement, which addresses such items as reimbursement of reasonable and actual out-of-pocket costs incurred solely as a result of attending a scheduled meeting, including transportation, meals, baby sitting fees, and lost wages; c) costs associated with conducting a needs assessment and other methods for obtaining input on community needs and priorities, such as public meetings, focus groups, and *ad hoc* panels, for the purpose of assisting the Planning Council in setting service priorities; d) costs associated with the development of the comprehensive plan for the organization and delivery of HIV-related services; e) costs associated with assessing the efficiency of the administrative mechanism in rapidly allocating funds within the EMA; f) costs associated with participation in the development of the Statewide Coordinated Statement of Need; g) development of local, state, national AIDS policies; and h) broad marketing activities associated with publicizing the availability of health-care services for PLWH, Planning Council's activities and programs for HIV-infected/affected populations and subpopulations, and efforts to substantially enhance community participation in Planning Council activities; j) and implementation of grievance procedures for decisions related to priorities and allocations.

Outside service contract providers must be familiar with Ryan White Legislation and its mandated activities. They must also demonstrate an ability to work with the Planning Council in the community/provider/government collaborative environment.

24. Program Support

Definition: These are funds used to support program related activities that are not service or consumer oriented, or administrative services that contribute to or help to improve service delivery.

Purpose: These activities have been established as priorities by the Planning Council for Title I and are linked to findings of the EMA comprehensive needs assessment and meet all other criteria of priority setting.

Components: Technical Assistance/Capacity Building for Provider Agencies; Development of Services Evaluation Standards and Processes; Assessing Service Delivery Patterns; Development and Procurement of Hardware/Software/Installation/Maintenance of a Management Information System; and Development of Cost/Outcome Measurement System.

Outside service contract providers must be familiar with Ryan White Legislation and its mandated activities. They should also demonstrate an ability to work with the Planning Council in a community/provider/government collaborative environment.

¹ *The highest priority service is not always the service that receives the highest allocation of resources, because the particular service may cost less than other services or non-CARE Act resources may be available to fund it.*

² *Although the Planning Council is legislatively prohibited from direct involvement in the selection of particular entities to receive Title I funding, the Planning Council may advise the grantee on the best way to provide these services. For example, the Planning Council may identify particular types of organizations (community-based AIDS service providers, multi-service organizations serving a particular population group, or public agencies) that are able to serve specific populations, subpopulations, geographic areas, or types of service interventions as a means of specifying how best to meet broad service priorities for funding.*

As another example, Planning Councils can specify funding for primary care services for women, or case management services for gay men of color, or transportation services in a specific geographic area of the EMA, or that nutrition services are to be provided through home-delivered meals (type of intervention). The Planning Council may determine that the best way to provide these services is for the grantee to award funds for the delivery of services relative to the proportion of people living with HIV disease in each of the health planning regions of the EMA. One of the underlying principles which guides this desired distribution of funds, is the development of accessible care and treatment services, where they are most needed. In general, the desired distribution of funds by health planning region should be proportional to the reported cases of people living with HIV disease and eligible for funding within each region.